

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <b>191521297</b>								
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>	<b>6 AMOUNT</b>						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		<b>7 TOTAL AMOUNT OF REFUND</b>		\$						
		<b>8 TO BE REFUNDED BY:</b>								
<b>10 REASON:</b>		Treasury Check								
Overpayment		Credit Deposit A/C #:								
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
No Fee Due (Explanation):										
<b>11 REFUND REQUESTED BY:</b>										
TYPED/PRINTED NAME: _____		TITLE: _____								
SIGNATURE: _____		<div style="text-align: right; font-size: small;"> <b>PHONE:</b> 86/17/2885 PKIDWELL              01724/2885 GFREY1 00000000 190134 10521297              92 FC:1632 580.00 CR           </div>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*